



Montana Application for Class 6 Specialist License

School Counselor Endorsement

Requirements for Montana Class 6 School Counselor Specialist license	
1. Verification of a Master's degree and the completion of a CACREP accredited school counselor program which included an internship in a school setting of 600 hours; ARM 10.57.435 or	
2. Verification of a Master's degree in school counseling from a regionally accredited college or university; And recommendation from an accredited specialist program defined in ARM 10.57.102, which included an internship in a school setting of 600 hours ARM 10.57.435	
Important Considerations: <ul style="list-style-type: none"> • Montana DOES NOT have reciprocity with any other state in regards to school counselor licensure. Therefore even though you may have been a licensed school counselor in another state, if you do not meet all of requirements above, you will not qualify for Class 6 Specialist School Counselor licensure in Montana. • If you completed an alternative educator preparation program in another state, your program may not meet the requirements for licensure in Montana and therefore you may not qualify for Class 6 Specialist School Counselor licensure. Your school counselor preparation program's accreditation status must be verified on a University Recommendation form and submitted for review. • For questions regarding these considerations please call us at 406-444-3150 	
Montana Educator Licensure Application Checklist	
I have completed all sections of the application.	Complete
I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 1 and Class 6 both) CASH PAYMENTS WILL NOT BE ACCEPTED.	
I have enclosed an official transcript or requested official transcripts be sent to the Montana OPI from all institutions I have attended. NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted from the applicant.	
I have signed and dated the bottom of the Character and Fitness Information page. (page 3)	
I have recited the oath in the presence of a licensed notary and signed the notary page. (page 4)	
I have submitted a fingerprint background check to be processed by the Montana Department of Justice. DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION (page 6)	
I have included a copy of my valid out of state license. (If applicable)	
I have completed the top sections of the University Recommendation form (attachment 2) and sent it to the institution where I completed my educator preparation program to be filled out. I am submitting the ORIGINAL completed form with my application. NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.	
Important: Applications will NOT be processed until all required documentation/information has been received. It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at https://apps3.opi.mt.gov/SSO/Login/Login.aspx	All documents must be mailed to: Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620



Montana Application for Class 6 Specialist License School Counselor Endorsement

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at www.opi.mt.gov/cert.

Last Name		First Name		Middle Initial
Address			Apartment/Unit #	
City	State	Zip Code	Former Name(s)	
Phone Number		Email Address		
Last Four Digits of Your SSN		Date of birth	Gender <input type="radio"/> Male <input type="radio"/> Female	
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White			Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
School year initial licensure to be active July 1, _____				
Have you ever held a Montana Educator License?	<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate under what name.		
Have you ever held an educator license from another state?	<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate what state/states.		

Academic and Education Experience

Class 6 licensure requires that all applicants MUST have completed a master's degree and a School Counselor preparation program.

Original or electronic ("escript") transcripts must be submitted for all colleges or universities attended.

Electronic transcripts must be sent from the college or an official transcript clearinghouse.

We will not accept electronic or scanned transcripts directly from the applicant

Name of College or University	City/State	Degree earned	Major	Minor
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	

Character and Fitness Information (answer ALL questions to avoid delays)

Last Name	First Name	MI
1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.		<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction	Type of License	Certificate or License Number
2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation
		<input type="radio"/> Failure to Renew
		<input type="radio"/> Cancellation
		<input type="radio"/> Other (please describe)
3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. *Most arrests and convictions show up on a background check even if purged or dismissed by a court.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence	
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs	<input type="radio"/> Other Programs (Please describe)
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for identity verification in connection with college transcripts and other education records pertaining to your application for teacher licensure.		
Taxpayer ID Number, Social Security Number or Canadian ID		
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>		
Signature:		Date:
Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)		<input type="radio"/> Yes <input type="radio"/> No



You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

Name of applicant: (Please print legibly)			
Date of Birth		Last 4 numbers of SSN	

Signature of Applicant: _____

The above quoted oath was made before me, and this document was signed before me on the

of _____, 20____
(Month) (Year)

By _____
(Print name of signer)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____



Attachment 2:
University Recommendation for School
Counselor Endorsement

This statement must be prepared and signed by the appropriate official from the college or university where your School Counselor Program was completed.				
Candidate Information:				
Last Name		First Name		MI
Address		City	State	Zip Code
Last Four Digits of SSN	Birth Date	Former Name(s)		
To be completed by the college or university where the applicant completed his/her School Counseling Program. Please complete the information requested below and mail this form to the candidate at the address listed above NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted. IF you have any questions while completing this form please call the Montana Office of Public Instruction/Educator Licensure at 406-444-3150				
Name of College/University				
City/State				
Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No		Name of regional accreditation agency:		
Accreditation of School Counselor Preparation Program	<input type="radio"/> CACREP <input type="radio"/> NCATE <input type="radio"/> State <input type="radio"/> OTHER (Please provide information) <div style="border-bottom: 1px solid black; width: 400px; margin-top: 5px;"></div>			
Type of Master's degree completed by candidate: <input type="radio"/> School Counseling <input type="radio"/> Other (please describe) _____				
Number of internship hours in a school setting _____ Hours				
<input type="radio"/> I attest that the above named candidate <u>has completed</u> an accredited School Counseling program. The program completed leads to licensure in the state of _____.				
Signature			University Seal	
Printed Name				
Title		Phone Number		
Email Address		Date		



How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed.
Do not fold the completed fingerprint cards.

3. Complete the following sections as instructed below:

Employer and Address: Montana Office of Public Instruction
Educator Licensure Division
PO Box 202501
Helena, MT 59620-2501

Reason Fingerprinted: Montana Educator Licensure
ARM 10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

4. **Mail the completed fingerprint cards along with a Check for \$27.25 payable to the Montana Department Of Justice to the following address:**

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

DO NOT MAIL YOUR FINGERPRINT CARDS TO THE OFFICE OF PUBLIC INSTRUCTION

If you do, the cards will be returned to you and your application for licensure will be delayed. The fingerprint cards must be sent to the Montana Department of Justice the address above.

5. **You will need to complete a separate fingerprint based background report for both OPI and your school.** OPI cannot share the results with your school and your school cannot share the results with OPI.

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.